

## Retired Senior Volunteer Program of Cape May County Volunteer Enrollment Form

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name:	Birth Date: Age:	
Mailing Address:		
City: 5	State: Zip:	
Phone: E	Email:	
Emergency Contact:	Phone:	
Have you ever been convicted of a <b>criminal offense</b> or <b>misdemeanor</b> ? Yes $\square$ No $\square$ If Yes, please attach an explanation of charges, date of offense, and status of the charges.		
Are you a veteran? Yes □ No □ Are you an ac	tive Military Member? Yes □ No □	
The following information is optional and will not affect your enrollment with Cape May County RSVP  Gender: Male □ Ethnic Origin: Asian □ African American □ American Indian/Alaska Native □  Female □ Caucasian □ Hispanic □ Pacific Islander □ Other □		
Special Skills, Training, Interests:		
Preferred Volunteer Experience:		
T-Shit Size: S \( \sigma \) M \( \sigma \) L \( \sigma \) XL \( \sigma \)	2XL □ 3XL □ Other □	
As a volunteer of RSVP, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information:  Beneficiary for RSVP Supplemental Accident Insurance		
Name/Relationship:		
Address: Sity:	State: Zip:	

ID Verified □

**RSVP Station:** 

Mobile Meals - Volunteer Driver Information		
Driver's License #:	State: Expiration Date:	
RSVP provides mileage reimbursem	ent for Mobile Meal volunteers only.	
Will you be claiming mileage reimbursement for trave	·	
If yes, please provide proof of active auto insurance covera	ge.	
any and all of its publications or on the worl controlled by RSVP of Cape May County in against RSVP of Cape May County for the u	mission to use my likeness in photograph(s)/video(s) in ld wide web, whether now known or hereafter existing, n perpetuity. I will make no monetary or other claim	
without regard to race, color, religion, national origaccommodations to the known disabilities of individu	P is an equal opportunity Agency. Enrollment is done gin, sex, age or disability. RSVP provides reasonable als in compliance with the Americans with Disabilities special accommodations to complete the application 9) 886-3400.	
Certifi	cations	
services as a volunteer for the Cape May Conthat I am not an employee of the RSVP P station or the Federal Government and agreat I understand that in my capacity as an RSV information. I agree to protect this information or after my service as a volunteer has	r Handbook, I am 55 years of age or older and offer my bunty Retired Senior Volunteer Program. I understand roject, the sponsor, Cape May County, the volunteer ee to serve without compensation. 'P volunteer I may come into contact with confidential mation to the best of my ability and not to disclose it as ended.	
<i>,</i> ,	mobile in my volunteer service, I will arrange to keep in or greater to the minimum requirements of the state of I New Jersey Driver's license.	
RSVP Volunteer Signature Date	RSVP Program Director Signature Date	

## Thank you for completing this application and your interest in Cape May County RSVP

Please return completed form to Cape May County RSVP 3801 Route 9 South, Unit 4 Rio Grande, NJ 08242

For questions or assistance contact Rachel Sanfo 609.886.3400 rachel.sanfo@co.cape-may.nj.us



http://capemaycountynj.gov/1066/RSVPVITA